

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

Application or Docket Number

08-575433

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	375.00
x\$11=	
x39=	
+125=	
TOTAL	

RATE	FEE
	750.00
x\$22=	44-
x78=	78-
+250=	
TOTAL	872-

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	-
x78=	-
+250=	
TOTAL ADDIT. FEE	-

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	-
x78=	-
+250=	
TOTAL ADDIT. FEE	-

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	22 minus 20 =	* 2
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 22	Minus ** 22	= -
Independent	* 3	Minus *** 4	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 27	Minus ** 22	= 5
Independent	* 3	Minus *** 4	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 29	Minus ** 27	= 2
Independent	* 6	Minus *** 4	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	110.00
x78=	
+250=	
TOTAL ADDIT. FEE	110.00

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x\$22=	36.00
x78=	152.00
+250=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Fee Processing

(For Petitions Use Only)

App. No./Pat No.
08/575433
Paper Rec'd Date
Form Completed

Check Amt. #1

Check Amt. #2

Deposit Acct.
13-2491

Fee Code	Fee Amt.	Paper #
117	920 ⁰⁰	13

Credit Card ☐ (See attached)

Refund ☐ (See attached)
 (PTO Employee - please circle the code(s)
 and amount(s) to be refunded/credited)

Change App No./Pat. No. ☐

From

To

Change Fee Code ☐

From Code	Amount

To Code	Amount	Paper #

Special Instructions:

 Initials (PTO Employee)

 Initials (Contractor)

 Date Processed

***PLEASE REMOVE THIS FORM BEFORE SENDING FILE OUT OF THE OFFICE OF
 PETITIONS***